## PART B - FEE(S) TRANSMITTAL

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maintenance fee notifica	ed below or directed off	nerwise in Block I, by (	(a) specifying a new corre	spondence address; and	or (b) indicating a sepa	correspondence address as	
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21302	7590 12/19	0/2006		Cortifica	to of Mailing or Trans	mission	
KNOBLE, YOSHIDA & DUNLEAVY EIGHT PENN CENTER SUITE 1350, 1628 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)			
						(Date)	
APPLICATION NO	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO	CONFIRMATION NO.	
10/718,950	10/718.950 11/21/2003		Matthew T. Groves	utthew T. Groves TGXX-1019US 2905		2905	
TITLE OF INVENTION	i: PHOTOGRAPHIC IM	AGING SYSTEM FOR	BRACHYTHERAPY DEV	ICE VERIFICATION			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$0	\$0	\$700	03/19/2007	
EXAMINER		ARI UNIT	CLASS-SUBCLASS	]			
PERKEY, WILLIAM B		2851	396-429000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  KNOBLE YOSHIDA &  DUNLEAVY, LLC				
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Comp	ified below no assignee	THE PATENT (print or ty data will appear on the p or a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assignee is assignment.		ocument has been filed for	
Theragen	ics Corpora	tion	Buford, G	eorgia			
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛮 Corpora	ation or other private gro	oup entity Government	
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies3			<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0462 (enclose an extra copy of this form).</li> </ul>				
	s SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no lon				
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Authorized Signature				Date Febru	ary 1, 2007		
Typed or printed name		Durleavy		Registration No			
Alexandria, virginia 223	13-1430.		on is required to obtain or 1.14. This collection is esty depending upon the individual COMPLETED FORMS To aspond to a collection of interpretation of interpretation of interpretation of interpretation.			d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, and number	